# STRESS MANAGEMENT INTERVENTION FOR ELDERLY RESIDING IN SUBSTITUTE FAMILY CARE FACILITIES

**Synopsis**

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## SECTION I

### 1.1 Introduction

The concept of “ageing” is natural, it is the rule of nature that every organism born is to age with time. Ageing is a universal phenomenon involving specific visible and invisible deterioration of physical and mental capabilities. The life course perspective proclaims ageing as “a multidimensional process that consists of three processes; biological, psychological and social”, these three processes are systematically interactive (Yadav, 2017). It is entirely normal and natural to age, given for every individual, although the psychological and social factors largely determine the pace of ageing. The cultural perspectiveemphasizes that an individual is aged when he or she has fulfilled all his social responsibilities. The process of ageing “obviously affects every type of social group and indeed every type of social relationship in all societies" (Goody, 1973).

According to WHO (2001), “the human life is a collective word for all progressive changes like biological, psychological, social and functional that occurs due to an increase in age”. Universally, old age refers to the age which one attains by growing old, its is also known as “golden age”, “age of retirement” and “age of reflection”. The 'National Policy on Older Persons' (1999) defines 'senior citizen' or 'elderly' as a person of age 60 years or above (Ministry of Statistics and Programme Implementation, 2011). Presently there are nearly 104 million elderly persons in India; 53 million females and 51 million males (Population Census, 2011). Both the share and size of the elderly population is increasing over time. From 5.6% in 1961, the proportion increased to 8.6% in 2011. According to the Ministry of Statistics and Programme Implementation (2021), the elderly population has increased by 36% in each of the last two decades (2001-2011 and 2011-2021). Kerala has the highest (16.5%) proportion, and Bihar has the lowest (7.7) proportion of the elderly population. As per the predictions of According United Nations Population Fund (UNFPA, 2012), India's population is likely to increase by 60% between 2000 and 2050, but with the increased population of elderly, problems of elderly, widows, widowers, and the childless elderly is even more acute.

### 1.2 Problems associated with Old Age

Ageing is the declining phase of human life, so it brings along the innumerable problems for the

people who have grown old. Elderly people need more support than the day before. In traditional Indian family system, it was believed that old age is like second childhood, and as children the elderly need additional care and love to go through this phase of life. So the care of the elderly was easily managed and keeping elderly them healthy and happy was the responsibility of succeeding generations. Due to modernization the shifting towards nuclear family system from joint family system has changed the core principles of the institution of family. Socio-cultural and economic changes are taking all around and the changes in the fundamental social construct, lifestyle, shortage of time for taking care of elderly, negligence of children etc., are the outcomes which are detrimental for elderly population. In most societies, they are often overlooked in the case of health and hygiene, which leads to our ageing population declination, as they easily, scrummed to the various factors of ageing, as ageing gets accelerated in these individuals.

### 1.1.1 Physical and Physiological Problems

The prominent feature of ageing is the difference in the physiological processes in older people as compared to younger individuals. Physical and physiological problems related to health, wellness, medical problems, inappropriate residential facility are some common problems of the elderly. Elderly people experience declining in almost all body functioning like sensory functions, cardiac, respiratory andrenal functions, muscles coordination and muscular efforts. So physical and physiological deterioration is one of the characteristics of elderly people. Poor eyesight, body pain, difficulty in hearing, diabetes, obesity are some common health issues faced by the elderly population.

### 1.1.2 Psychological Problems

Some of the psychological problems of the aged are old age worries, emotional instability, lack of proper response, inadequate attention from grandchildren and less number of visits by children. Mental health issues like stress, anxiety, depression and dementia are commonly found in the elderly population. These problems create a high level of suffering not only for elder people themselves but also for their families.

### 1.1.3 Economic Problems

The economic problems among the aged people have taken place due to fast-changing socio-

economic conditions, ongoing open market policies, and liberalization of the economy (Financial Status of Older People in India, 2011). The elderly population faces different health problems and illness: so routine check-ups, medicines, and expensive treatments are regarded as an area of finance. The problem becomes difficult when the elderly has no savings, and they are fully dependent on their children and other family members. If the elderly have very less or no savings due to work in the unorganized sector like agriculture, laborer, the situation becomes problematic. In India, a large group of elderly belongs below the poverty line, so they cannot afford proper treatment of health issues.

### 1.1.4 Housing Related Problems

The elderly population feels neglected and lonely in their own house because nowadays, every person is busy in their own life and elders need special care from other family members. Conflicts with children, abuse, loneliness, neglect from family members, widowhood are also increasing the shelter problem of the elderly. A home is an important place in the life of an older person as high amount of their time is spent inside the house, especially very old person but conflicts with family members become a problem in modern time.

### 1.1.5 Social Problems

There is number of reasons for this problem like migration, urbanization, unawareness in technology, nuclearization of families, which increase the social problem. In traditional Indian society, elder people enjoy their life with joint family, friends, relatives and neighbors, but in the new emergence context, joint families convert into nuclear families, and people engage in their own life. Unawareness and lack of knowledge about technology is also a reason for the social isolation of the elderly **(Kapur, 2018).**

### 1.1.6 Crime and Violence against the Elderly Population

Crime against the elderly is common nowadays. There are different causes that are responsible for increasing crimes and violence against elders. Finance and property, change in traditional values, the need for special care of the elderly, dependency of elderly are some causes of domestic violence and crime. Physical assault, theft, robbery, rape, murder, vandalism, delinquency, drug-related violence are some examples of community violence and crime against

the elderly. Women become a victim of rape and physical assault even at older ages. Elderly women are also not safe; their safety is a big concern. In the capital of India and many metropolitan cities like Mumbai and Bangalore, many cases have been recorded where they have killed or injured them severely for several reasons **(Bhargava and Kumar, 2014).**

### 1.1.7 Abuse of the Elder Population

Abuse of the elderly is a global problem. The definition adopted by the WHO (2002) is "a single or repeated act or lack of appropriate action occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person." The elderly population faces various form of abuse like verbal, physical, mental, sexual, Financial Exploitation and spousal abuse. The main reason that elderly get abused verbally is when individuals generate the viewpoint against them that they are not capable of doing anything, are worthless and regard them to be a burden (Kapur, 2018). Abuse of the elderly results in many adverse physical and psychological consequences; these include physical injuries and psychological problems, such as depression, anxiety and post-traumatic stress disorder, and can even cause death (Baral, 2021). Elderly who have any disability or less functioning capacity increase the chances of abuse because they are treated as a burden in the family. Abusive behavior towards older adults is often underreported, and psychological abuse is the most common type of abuse in the world **(Pradana, 2022).**

### 1.1.8 Mental Health Problems of Elderly

Elderly people are highly prone to mental morbidities due to ageing of the brain. The mental disorders that are frequently encountered include dementia and mood disorders. Other disorders include neurotic and personality disorders, drug and alcohol abuse, delirium, and mental psychosis (Alur, 2018). The majority of elderly people had moderate and high levels of stress. Chronic diseases and economic problems are the major causes of stress among the elderly. Long term stress and anxiety can also lead to depression and suicidal tendencies among the elderly. the elderly living in joint family and took responsibilities including household, grandchildren and financial support to the family found low level of stress as compared to those who live alone. Mental health problems and living in a stressful condition could impact their physical health,

sleeping and quality of life. Elderly people with diabetes leading to anxiety and stress, ultimately developing depression among this aging population **Auttama et al., (2020).**

Apart from the above-mentioned problems a major problem encountered by elderly is a new emerging trend in society to send elderly to old age homes with a new perception that they will have the company of people of similar age. In addition, it reduces the burden as well as responsibilities of children, which enhance the problems of the elderly. Social factors such as social integration, having a purpose in life, and community affiliation were identified as very important factors for the quality of life in older people (Cankovic et al., 2016). When, the elderlies are forcefully sent to substitute family care centers the shock of being rejected by family, being displaced from the society causes severe trauma to elderly. Similarly, in case of elderly widows, when their families deny their right to their husband‟s property or deny to take care of them in such difficult times, they do not have any option left except being admitted to widow shelter homes.

### 1.2 Substitute Family Care for Elderly

According to Law insider dictionary, "Substitute care means full-time care of the person in a proper residential setting for the purpose of providing food, shelter, security, direction and treatment of an individual". It works as an alternate of family. Not all older people would have families to support them and take care of them. In this condition, substitute care provides full support and takes all responsibility for an individual. Old age homes and widow homes are an example of substitute care.

#### 1.2.1 Old Age Homes

Old age homes are the places that are established by some of the public organizations for the purpose of the elderly people's refuge (Kapur, 2018). An old age home is usually the place, a home for those old people who have no one to look after them or those who have been thrown out of their homesby their children (kumar et al., 2016). In these circumstances, old age homes seem to be the choice for older persons (Yadav, 2014). India is witnessing, along with its growing elderly population is the rise in old age homes. If the current situation is assessed, there could be a 25% increase annually each year in the number of these homes in India (Humayun,

2021). In India today, the 'old age home' is no longer a western concept. In old age homes, mostly the elderly face lots of emotional problems or psychological challenges, including a feeling of neglect, loneliness, and sometimes unwanted because they are not livingwith their own choice.

### 1.2.2 Widow Homes

The term widow refers to a woman whose spouse has died and who has not, through choice or through circumstance, remarried Liden (2022). India, with an estimated 46 million widows, has overtaken China (44.6 million) to become the country with the largest number of widows (World Economic Forum, 2021). Widow homes are primarily for those women whose husband is no more and who have not remarried. In India, out of a total population of 121 crores, 5.6 crores women are widows as per the data of census 2011, 0.7% of the then population of 102 crores women was widowed (Times of India, May 1, 2015). The increasing life expectancy age gap between men and women during marriage are the main reasons for the increasing population of widows. Widow homes are provided shelter to the homeless widows.

## 1.3 Need of the Study

Ageing is a natural phenomenon that brings along lots of visible and invisible physical and psychological changes. The gradual decline in all bodily functions, psychological capabilities, financial dependency, loneliness, negligence of family members are the common universal problems associated with old age. Even being collectivistic in nature, the Indian culture which earlier used to consider elderly as an extremely valuable asset for family and society has started seeing elderly as additional responsibility. Consequently, a substantial number of elderlies are forcefully sent to substitute family care centers even when they have families who can look after them. The pervious researches in Indian context highlighted the fact that the elderly who are residing in old age homes or widow homes experienced lots of mental health problems, and stress is one of the leading causes of poor quality of life of elderly living in substitute family care centers. Therefore, there is a need to adopt the stress management approaches. The research work on elderly residing in old age homes is primarily dominated by exploratory studies focusing on the problems of elderly. Only a handful of the studies have covered the mental health aspect of

institutionalization. Hence, there is a need to systematically study the mental health aspect of institutionalization of elderly with an intensive intervention-based approach.

The institution of family needs to be protected; therefore, the need of the hour is to sensitize young generations about the importance of elderly in the family and approaches to deal with elderly in dignified and caring manner. Hence, there is need to organize campaign at school, college level and on various social media platforms.

## 1.4 Justification of the Problem

Stress is a leading cause of poor quality of life among elderly residing in substitute family care units. Therefore, the proposed study is intending to mitigate the stress experienced by elderly in institutionalized setting with the help of various stress management approaches. Besides, with the help of proposed study the researcher also intends to develop the intervention modules for improving the quality of life of elderly living in institutional settings.

The social relevance of proposed study will be shedding light upon the underlying causes of poor mental health of elderly in institutionalized setting, training of attending staff in stress management techniques, studying the impact of different stress management activities and creating awareness among youngsters about the problems experienced by elderly.

Thus, the proposed statement of the problem is:

## 1.5 Statement of the Problem

The purpose the study is already mentioned in the "Justification of the Problem".

**Some research questions are-**

- What are the main causes of elderly people being sent to substitute family care centers?
- Can the conducive environment of substitute family care centers help in mitigating the stress amongelderly?
- Can the quality of life and mental health of elderly be improved by providing stress management intervention?

## 1.6 Operational Definitions

1.6.1 ***Elderly*:** The term elderly is used for senior citizens and widows between 60-75 years of age living either in old age home of widow shelter homes.

1.6.2 ***Substitute family Care:*** "Substitute care means full-time care of the person in a proper residentialsetting for the purpose of providing food, shelter, security, direction and treatment of an individual **(Law insider dictionary)**.

1.6.3 ***Old age home:*** An institution where elderly who have nobody to look after them or who are sent away by family members are housed, provided with all the basic needs.

1.6.4 ***Widow:*** A woman whose husband has died, who has not married again, is between 60-75 years age and residing in widow shelter home.

1.6.5 ***Widow shelter home:*** Widow Houses or Widow Ashram is an institution that to give shelter to destitute widows. In Widow Ashram widows find shelter, clothing, food and sometimes employment.

1.6.6 ***Stress****:* Stress is any action or situation that places special physical or psychological demands upon a person, anything that can unbalance his individual equilibrium (**WHO, 2011**).

1.6.7 ***Stress management:*** Stress management is a process that helps an individual to control stress level by practicing self-care, relaxation and also imparts some techniques to handle stress when it occurs (**Thakur, 2020**).

1.6.8 ***Stress management Intervention:*** An intervention aimed at reducing stress among institutionalized elderly.

**1.7 Objectives of the Study**

The main objectives of the research are:

- To assess the demographic status of elderly residing at substitute family care centers of Agracity.
- To study the mental health and quality of life of elderly residing in substitute family care centers.
- To study the prevalence of stress among elderly residing in substitute family care facilities.
- To plan and implement the intervention on stress management.
- To study the impact of intervention on stress and mental health of elderly.
- To study the societal attitude towards elderly living in substitute family care centers.
- To organize awareness campaign for care and protection of elderly at home as well as institutional settings.

### 1.8 Delimitations of the Study

- The study will be conducted in Agra city only.
- Only those elderly who are residing in substitute family care facilities and aged between 60-75 years will be the sample for intervention.
- The duration of intervention will be 6 months only.
- The educational intervention will be given to the school and college going students ageing between 15-25 years.

## SECTION II

## REVIEW OF LITERATURE

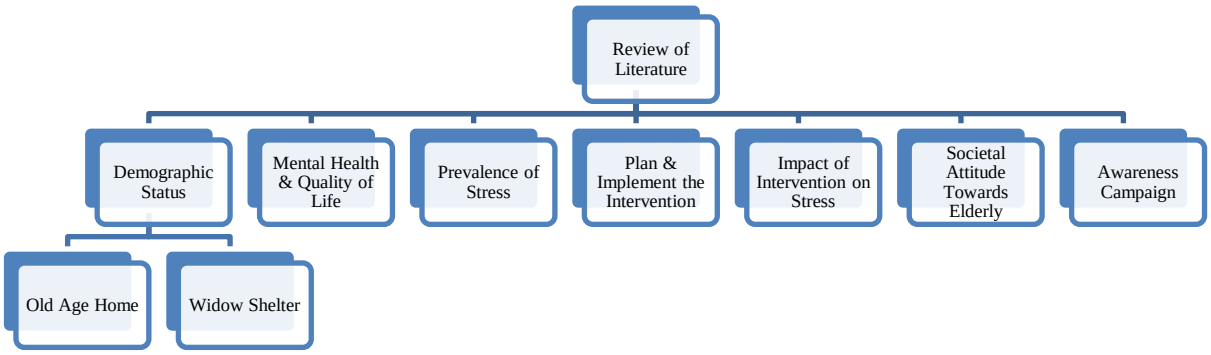


**Fig. 1 Review of Literature**

**Table 1: <u>Demographic Status of elderly</u>**

| S.NO. | ANTECEDENTS | | CONSEQUENCES |
|---|---|---|---|
| 01. | Nagrale et al., | 2019 | The elderly citizens of our country are actually facing problems due to various reasons. The reasons may vary from financial issues to not being respected enough by the family members to being treated as not more than just an object. All these things affect old age people emotionally and physically. They get a feeling of worthlessness, betrayal and not being loved. |
| 02. | Amiri | 2018 | The major problems which the oldest people face are lack of economic provisions, poor health conditions, lack of emotional support and illness in the post-retirement period. It is found that nowadays the old age people resided in metropolitan cities like Pune are facing mainly economic problems and health-related problems. Apart from these problems, many old age people are suffering from psychological problems. Very few of them are not having any socio-economic problems. |

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| 03. | Joshi | 2018 | Female elderly in comparison to male elderly reported at least one mental health problem. Anxiety and insecurity was found higher in the female as compared to male elderly. Widowhood was a significant cause for poor mental health in female elderly. Poor economic condition was found to be the main barrier to good health status of elderly in the area of study. |
| 04. | Kapur | 2018 | There has been the implementation of measures and policies that aim at alleviating the problems of the aged people. These include improving the economic and social welfare, improving the health conditions, improving their participation in activities and functions, implementation of national policies and programs, residential aspects, family and community, education, non-government organizations, extra-curricular activities and living separately. |
| 05. | Kapur | 2018 | In many countries, a woman's social status is inextricably connected to her husband, so that when her husband dies, a woman no longer has a position within the society. In India, irrespective of religion, caste, class and education, millions of widows are dispossessed of their commonly recognized human rights. The Indian Constitution guarantees equality to all, discrimination against widows is still widespread, and widowhood is overpoweringly a woman's difficult condition. |
| 06. | Balan | 2017 | The poor quality of life along was identified as major problems faced by the elderly. Data from the localities in Kerala showed that the age group 60-69 had a high quality of life and the gender difference was keenly observed, and it was shown that the elderly men had higher quality of life in comparison to the elderly woman and as the age increased the quality of life seemed to decrease, however, elderly people are living in urban areas did have a high quality of life than those living in rural areas. |
| 07. | Chandrasekhar and Ghosh | 2017 | In India widows tend to face many difficulties and deprivations because of negative social attitudes towards them and social restrictions that are placed upon them and their activities. Many suffer abuse and exploitation at the hands of family members, often in the context of property disputes. Widows are often perceived as "unfortunate" and subject to various kinds of discrimination and even ostracism. In families with less resources and incomes they are also more prone to being abandoned or forced widows to reside in ashrams and similar refuges. |
| 08. | Goswami | 2017 | Humiliation, abuses and isolation faced by elderly people in their families after retirement has become very common. The study revealed that the majority of the elderly has been misbehaved. Most common harassments endured by elders are denial of food, medical attention or medicines, abusing, humiliation, beating, not being allowed to meet grandchildren, or other family members. In case of disability, forced to do household chores, emotional blackmailing, ignoring daily needs like clean clothes and proper food, snatching their belongings, savings and valuable legal documents. |
| 09. | Singh | 2015 | Urbanization, family nuclearisation, rapid growth of industrialization and rise of individual philosophy diminished the Indian traditional values that earlier had a vested authority with old age people. There should be efforts to prevent the problems of elders and this can be carried out through awareness generation in families and social work intervention. |

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| 10. | Ali | 2014 | There is a need for preserving the Indian joint family system. There should be mutual cooperation and understanding between new and old generations. The situation of the oldest people in India calls for concerted efforts of the government, non-government organizations, religious institutions and other public organizations. These efforts should not only to understand but also to solve the problems resulting from an elder society so that the elderly people can enhance their quality of life. Elder people staying in old age homes feel more emotional problems than those who are staying with the families, so emotional adjustment, social adjustment and marital adjustment of oldest people is also very important. |
| 11. | Kumar And Bhargava | 2014 | The elderly population considers as the very soft target because they are vulnerable and suffer from health issues. This vulnerable and helpless population cannot resist against theft, abuse or other crimes. In urban areas, the condition is very poor and vulnerable as compared to rural areas. The abusive behavior towards the elderly by their own family members is found very common,which indicate the depletion of human values among modern and new generations. |
| 12. | Sahoo | 2014 | Abuse of widows and their children constitutes one of the most serious violations of human rights and obstacles to development today. Millions of the world's widows suffer extreme poverty, ostracism, violence, homelessness, ill health and discrimination in law and custom. An estimated 115 million widows currently live in below poverty, and 81 million widows have suffered physical abuse, some from members of their own family. Young widows, who were child brides, face great risk with little protection. |
| 13. | Audinarayana | 2012 | Chronic morbidity due to poor vision, blood pressure, back pain/ slipped disc was significantly higher among women as compared to elderly men. Similarly perceived health status of elderly men was significantly better 'healthy' than those of elderly women. |
| 14. | Corbacho and Barrera | 2012 | India as a whole, mortality rates are 85 percent higher among widows than among married women. Forty million widows continue to be deprived of their basic dignity as a kind of compensation for some sin. It is like the punishment for being a woman and a widow in India. |
| 15. | Sowmiya and Nagarani | 2012 | The married elders had a better quality of life scores in physical, psychological, social relationship and environmental domains. Also, the currently married had a better quality of life scores than the widowed and single elders, which was statistically significant; living with their spouse in general improved their quality of life and well-being. The elderly living with their family has a better quality of life scores than the others. Hence it is clear that family has a great impact on their life satisfaction and so on their quality of life. |
| 16. | Chandra | 2011 | In India, widows represent about 6.5% of the total female population, or more than 30 million women in absolute terms. Many widows suffer from social marginalization and psychological hardship and vulnerable to poverty. Widow, who lives alone, is either from lower economic status or is working outside home or belongs to the older age group and children's future also become insecure and uncertain. In case of young widows, compared to urban Indian settings in rural India their |

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| | | | condition is more miserable and disappointing. |
| 17. | Raju | 2011 | Focused on the research on ageing India and provides an analysis in terms of social, financial, psychological and physical and health aspects and elder abuse. the issues upon which models of care for old age people can be framed and argues that factors like place of accommodation, social class and gender among others tamed to influence such models of care. |
| 18. | Wason and Jain | 2011 | Most of the elderly were at risk of malnutrition in the low-income group which was higher than the high-income group and medium-income group. In addition, the risk of malnutrition was more among females than males. |
| 19. | Chen and Dreze | 2009 | The older age groups, only a small minority of men are widowed, while a large majority of women experience that predicament. The main reason for this gender gap in the incidence of widowhood is a much higher rate of remarriage among widowed men, compared with widowed women. |
| 20. | Lalitha and Jamuna | 2004 | The social problems of adjustment among widows and widowers indicated that widows report more number of problems of adjustment than widowers. The problems of adjustments shows that widows reported high intensity of problems in the areas of health and economic aspects and widowers had high intensity of problems in the areas of self and emotions. The feeling of helplessness, difficulty in making decisions, and stress due to increased responsibilities are more among widows. |
| 21. | Sushma and Darshan | 2004 | Most widows were suffering from multiple ailments. Widows had asthma, majority of widows had a general weakness, problems of eyesight, teeth and forgetfulness, widows had mental anxiety, and also, they had heart diseases and various other chronic illnesses. Consulting a physician was done in three-fourths of cases in serious condition. Small group of widows always consulted the doctor, while others never consulted a doctor. |

Old age brings along lots of changes like physical, mental, economic and social changes. Ageing population need some special care for better adjustment with these rapid changes but nowadays everyone is busy in their own life due to industrialization, globalization that leaves elderly with loneliness and negligence. Joint families converted into nuclear families so unfortunately elderlies cannot get proper care and support. Sometimes they face abuse, violence, and discrimination, also treated as burden so at last family sent them to the substitute family care centers.

**Table 2: ELDERLY LIVING IN SUBSTITUTE FAMILY CARE CENTERS**

| S.NO. | ANTECEDENTS | | CONSEQUENCES |
|---|---|---|---|
| 01. | Shivarudraiah et al., | 2022 | Most of the old-age home residents had physical health problems such as gastritis, arthritis, other orthopedic problems, diabetes, hypertension, thyroid, heart problems, constipation, skin diseases, glaucoma, auditory issues, and urinary tract infection and depression, anxiety, and dementia have been common mental health problems among older people. |

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| 02. | Baralid et al., | 2021 | Majority of the respondents came to old age homes on their own volition, some reported that they came to the homes because they were physically weak and individuals had no one to care for them at their residence, while some elderly reported that they were forcefully sent by their caregivers. Out of the total respondents, most reported that they experienced some form of abuse before they came to the old age home: most frequent was caregiver neglect and verbal abuse, while few experienced financial cases of abuse. Women were at a higher risk of abuse than men prior to their transfer to old age homes. |
| 03. | Amonkar et al., | 2018 | The overall quality of life of elderly staying within the family is better than the elderly staying in old age homes. Also, the elderly people in old age homes were significantly more depressed than elderly within a family setup. |
| 04. | Devika | 2018 | The number of old age homes had increased a lot in recent years due to various social, economic, cultural and demographic changes. Urbanization, modernization and globalization have led to changes in the economic structure like migration to large cities and other countries for better opportunities, the erosion of societal values, lack of attachment between children and parents, weakening of social values, relationships, and social institutions such as the joint family. This reduces the availability of care in homes and is forced to move into old age homes. Problems with children like abuse, misbehavior by son and daughter-in-law and life threats from them, having no children, lack of care at home since children are away, adjustment issues, loneliness at home, chronic ailments and own preference are the primary reasons to choose old age home. |
| 05. | Kapur | 2018 | Different kinds of mistreatment, abuse, exploitation, violent act or financial exploitation at home enable an elderly individual to get admitted into an old age home. Loneliness is very distressful amongst the elderly. Deterioration in one's health conditions and having problems in taking care of the requirements alone, they move to old age homes. |
| 06. | Mishra andChalise | 2018 | Major health problems of elderly living in government old age home were experiencing joint ache, backache, insomnia, loss of appetite, cough, Constipation, tiredness, stomachache and allergy. Similarly, major health problems of the elderly living in private old age homes were joint ache, backache, insomnia, loss of appetite, cough, constipation, tiredness, Stomachache and allergy. |
| 07. | Thenmozhi et al., | 2018 | Elderly people who live in old age homes are found happier and lonelier compared to the people who live in a family. |
| 08. | Kumari et al., | 2016 | Present scenario along with other reasons old age homes are being considered as a better alternative to reside. There are various reasons for witnessed for the increasing number of old age homes in the society like Urbanization, modernization and globalization have led to change in the economic structure, the erosion of societal values, misbehavior of children, financial crisis often lead to feeling of ignorance and lack of emotional support in elderly which often compel them to choose other places for living a problem free life. There is a need to generate emotional support facilities in these homes and the government and voluntary agencies in India must make arrangements for institutional support and care for the elderly. |

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| 09. | Rani | 2016 | Elderly person who is residing in old age homes has stress because they are staying away from their children, and they do not have anyone's support to carry out their work and to share their feelings. Elderly people are residing in old age homes experience moderate to severe levels of stress. |
| 10. | Jamadar | 2015 | The literate widows have a better quality of life than the illiterate widows, and the rural widows have a better quality of life as compared to urban widows. Also, the working widows have a better quality of life than the nonworking widows. |
| 11. | Panday et al., | 2015 | Persons living in old age homes have good health because health facilities are available, weekly doctors come for checkups. Findings also indicate that the physical health, psychological health, and environmental health of those people living in old age homes were better than the people living in a family setup. Social health was better for those respondents who were living with a family setup in comparison. Overall, elderly people living in old age homes had good quality of life in comparison to an elderly person living with family. |
| 12. | Panigrahi and Syamala | 2012 | Old age homes have become the best option for those elderly who are poor, destitute and disabled. Majority of the inmates reported that they do not have good relationship with their children and this proportion is higher among males than females. Some elderly stated that given an opportunity they would not like to return to their family and even hesitated to recall the bad memories while they were with their families and they are satisfied with their life in old age homes. The Elderly felt that they had more time for prayer and spiritual pursuits in old age homes. Poverty and poor health are the major reasons for the elderly to depend on old age homes. |
| 13. | Panigrahi and Syamala | 2012 | Lack of money to support, ill health and family conflicts are the major reasons for the elderly to depend on old age homes. Majority of the elderly who are living in old age homes do not prefer to stay there but circumstances forced them to live there. The health of the institutionalized elderly was also found to be poor. The inmates of the old age homes reported higher incidence of physical disability, morbidity levels and poorer Self-perceived health. Since ill health and disability are the contributing factors for the elderly to take refuge in old age homes, it is quite natural for them to have poorer health. The elderly wish to live the family but also considered old age homes as an alternative for care in the context of family Conflicts. |
| 14. | Tiwari | 2012 | More than half of the inhabitants of old age homes were suffering from one or other mental health problems. Depression was the most common mental health problem. |

There are various reasons for elderlies living in substitute family care centers. Substitute Family care centers like old age homes and widow shelter homes are rapidly increasing due to the increasing population of elderly who are living in these institutions. Abuse, poor health, demand of extra care and support, low income of family, working children, nuclear family are some common reasons of sending elderlies in substitute family care centers. Nowadays, sometimes elderlies choose to live in old age home for proper care and for reduce theburden of their children.

**Table 3: MENTAL HEALTH AND QUALITY OF LIFE OF ELDERLY**

| S. NO. | ANTECEDENTS | | CONSEQUENCES |
|---|---|---|---|
| 01. | Krishna | 2022 | For widows loneliness is one of the hardest part to deal with in widowhood. The mental trauma each widow gone through their life is inconceivable. The body will become more vulnerable to psychological, emotional and environmental stresses which include depression, anxiety, guilt feelings, fatigue, and lossof Appetite. Due to immense mental torturing and stigmatization, women are forced to commit suicide. |
| 02. | Baral et al., | 2021 | Significant reasons for deciding to move to old age homes were that the majority of the respondents came to the old age home on their own wish while being able to care for themselves. Some elders reported that they came to old age home because of being unable to care for themselves and having no one to care for them, whereas some reported that they were forced to move into the old age home. |
| 03. | Sari and Manungkalit | 2019 | Anxiety, stress, and depression, have significant impact on elderly's Quality of life. There is a significant relationship between stress levels and Quality of life in the elderly, especially in those with chronic disease, such as hypertension and diabetes mellitus. Female gender and lower educational background had higher values of anxiety and depression. More married female than male elderly with low educational background, but overall mild anxiety and stress with undepressed state were found in majority. Anxiety could influence stress level in elderly because of its effect on physical function in everyday life. |
| 04. | Gupta | 2017 | India has recorded the largest number of widows in the world. Poverty of widows, especially those working in the unorganized sector and young widowed mothers, with children, marginalize from mainstream society and increases their vulnerability to depression, ill health and violence. Mental illness in widows covers a wide and diverse range of conditions, from commonproblems like depression, stress and anxiety to more serious illnesses such as personality disorders. Loneliness is the major problem widow's face. |
| 05. | Veda and Gadkar | 2017 | Day by day older people becoming more isolated and younger generations have lesser patience and time for taking care, adjusting and managing them. Nuclear families easily considered older parents as burden to them both physically and economically.Old age homes are ideal for elderly people who are alone, face health problems, depression and loneliness. |
| 06. | Abhilasha | 2016 | The status of mental health among widows, the majority of respondents "feel lonely" most of the time, suffering from anxiety and depression. Vrindavan at highest level, Varanasi was second and Haridwar reported third in depression among widows. |
| 07. | Bharathi | 2015 | Widowed men were less depressed compared to widowed women. Also, widows incapable to maintain social contacts due to physical and cognitive limitations have been further attributed to the cause of depression. |
| 08. | Chalise | 2014 | In old age homes, elderly individuals do make a social circle. They interact with friends and people around, but still, they feel lonely as they are not living with the family members, and in this way, they develop feelings of depression, and this leads to negative effects and deterioration of one's health. When depression coexists |

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|---|---|---|---|
| | | | with other medical conditions, the resulting disability appears to be more serious. |
| 09. | Gautam et al., | 2013 | Anxiety is a severe mental disorder that longer lasting than everyday worries. High level of anxiety in old people has high level of alienation and emotional instability. Depressive people do not open with others and found less expressive. |
| 10. | Kumari | 2012 | The elderly widows face numerous challenges attributable to gender, widowhood and old age. As compare to old widows, oldest-old widows are physically and economically more dependent on others which makes them more vulnerable and emotionally deprived. Loneliness among the elderly widows was reported as a major problem; particularly in later in life that is after 80+ years. More than two-fifths of elderly widows living alone often feel loneliness. |
| 11. | Tiwari et al., | 2012 | Depression was found to be the most common mental health problem, followed by anxiety disorders and dementia. A majority of the inhabitants had psychiatric morbidity, and no one was observed physically fit. |
| 12. | Trivedi et al., | 2009 | Widowed suffer from varying psychological stressors is often ignored; such stressors could be harbingers of psychiatric illnesses like depression, anxiety, substance dependence. Compared to older widows, young widows are generally less prepared emotionally and practically to cope with the loss. Widowhood often causes financial stress because a major income source is lost with the death of a husband. Widows suffer not only physical ill health but stress and chronic depression. |
| 13. | Bhat Dhruvarajan | 2001 | Changes in old age such as loss of authority, increasing dependence, and changing role in the family could affect the mental and psychological wellbeing of the elderly in India, and there is a need for greater awareness of mental health and wellbeing issues in old age. |

Ageing is directly related to health deterioration, mental health and quality of life. Loneliness, negligence and violence against elderly highly affect the mental health of elderlies. Depression,stress, anxiety, dementia etc. are some serious mental health problems of today‟s elderly. Mental health and quality of life both are interrelated to each other so poor mental health reduces the quality of life of elder population.

**Table 4: <u>PREVELANCE OF STRESS AMONG ELDERLY</u>**

| S. NO. | ANTECEDENTS | | CONSEQUENCES |
|---|---|---|---|
| 1 | Varghese et al., | 2020 | Reported that their study that most of the elderly who reside at old age home had moderate level of stress, some elderly had high level of stress and other had low level of stress. The majority of the elder population in old age home had moderate level of stress which indicate that there is a need to think about improve the condition of the elder people who are living in old age homes. |

| | | | |
|---|---|---|---|
| 2 | Panigrahi and Dash | 2015 | Highlighted that separation from children makes elderly physically, mentally and emotionally weak, which lead to lots of problems like anxiety, stress, depression, loneliness, insecurity, isolation and other physical problems. Stress level is high among these elderly. Most of the elder population who reside in old age home had moderate level of stress. |
| 3 | Singh et al., | 2017 | Reported that, in institutionalization a large number of elderly people face stress, anxiety and depression related problems as compare to non- institutionalized elderly people. Abuse and negative behavior of family members, leaving home and dependency on others are some reason of high level of stress among institutionalized elderly people. |
| 4 | Kashyap and Sidhu | 2008 | Highlighted that male elderlies face more frustration, anxiety and stress as compare to female elderlies. Elderlies in joint families, economically dependent and without spouse have more stress as compare to elderly who are living in nuclear families, economically independent and living with spouse. |

Stress is a biggest mental health issue of elderly population. Physical and mental deterioration, economic dependence, loneliness, feeling of neglect, death of life partner, negative behavior of family members are some common reason of stress among elderlies. Institutionalized elderlies are commonly facing the problem of stress because of feeling of unwanted, loneliness and missing the family members.

**Table 5: <u>SOCIETAL ATTITUDE TOWARDS ELDERLY</u>**

| S. NO. | ANTECEDENTS | | CONSEQUENCES |
|---|---|---|---|
| 1 | Bipula and Rana | 2020 | Found that youth especially the females had negative attitude towards elderly. In Indian culture mostly females have responsibility of care of the elders so, because of the extra burden and extra responsibilities of elderlies, female had negative attitude as compared to the males. |
| 2 | Prakash et al., | 2019 | Youth living with elderly people has higher positive attitude towards elderly than those who live without elderly people. Educational qualifications of youth play an important role in development of positive attitude of youth towards the elderly people. Family income, living conditions or education are some socio-demographic variables significantly associated with youth's attitude towards elderly. |

Attitude of society is change due to life expectancy and rapidly increasing population of elderly. Some other reasons of negative attitude of society are decline in joint families, health issues, working children, unproductivity, medical expenses, special need of proper care and support etc. Most of the literature shows that negative behavior of society especially youth towards elderlies is due to stereotype behavior of elder people.

**<u>SECTION III</u>**

## RESEARCH METHODOLOGY

**3.1 Research Design:** The proposed research is designed to assess the existing stress among the residents of substitute family care centers and give stress management intervention to improve their mental health with an ultimate objective to improve the quality of life. Hence, the action research design will be used in the study.

**3.2 Locale of the Study**: As the researcher resides in the Agra city and acquainted with the city hence Agra city is conveniently selected as the locale of the study.

**3.2.1 Selection of Sample:** The sample for the present study will be the elderlies who are residing in Old Age Home and Widow Shelter Homes of Agra City and the school and college going students aged between 15-25 years, for which the awareness campaign will be organized.

**3.2.2 Selection of sample for intervention**: The selection of sample for intervention will be done in two stages; Pilot study and Selection of subjects for intervention.

**3.2.3 Pilot study Phase:** To check the feasibility of the study in terms of availability of sample and willingness of substitute family care centers to participate in the study, the researcher has done pilot survey in all the substitute family care centers of Agra city where elderlies were housed. The sample size for pilot study will be 10% of total sample size. Presently, out of the total eleven (11) Old Age Homes in the Agra city only five (5) Old Age Homes are functional and other are closed during Covid-19 Pandemic period. Similarly, out of the total four (4) Widow Shelter Homes only two (2) are functional.

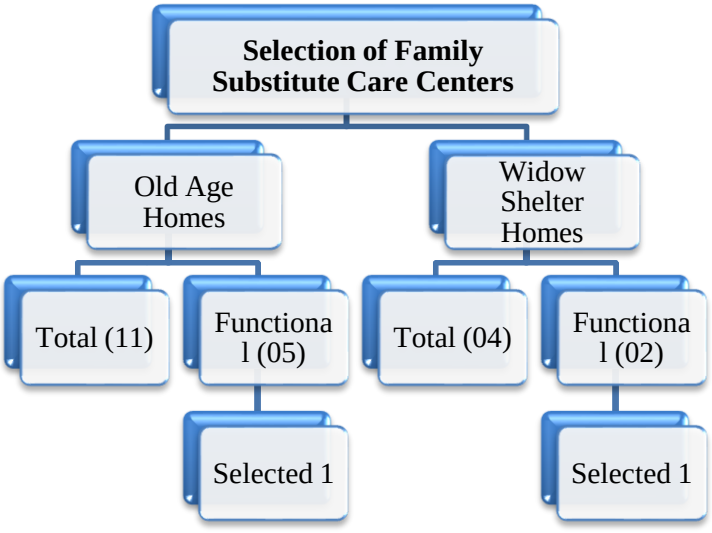

**Fig. 2 Selection of substitute family care centers**

The researcher visited each functional Old Age Home and Widow Shelter Home and explained the purpose and process of proposed study to the administration. Only those centers which allowed the researcher to conduct the study were purposively selected for the study.

**3.2.3.1 Selection of subjects for intervention:**

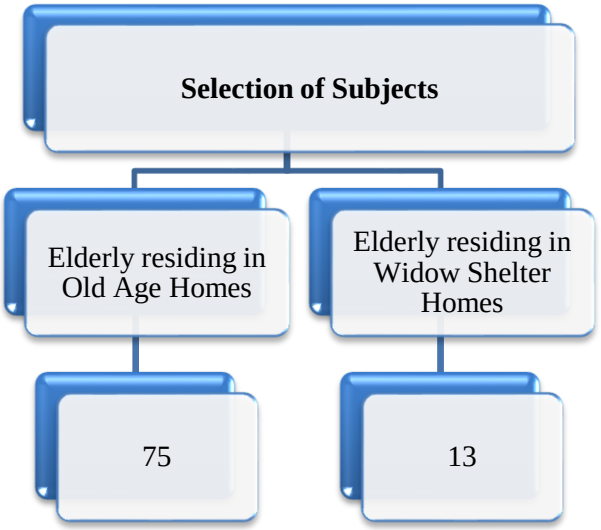


**Fig. 3 Selection of participants for intervention**

The purposive sampling method will be applied for the selection of participants of the study. The researcher will select all the elderlies who are residing in selected substitute family care centers, aged between 60-75 years and will be willing to participate in the study. The final sample for intervention will be approximately 60 elderlies residing in substitute family care centers of Agra City.

**3.3 Selection of sample for awareness campaign:** The researcher will procure the list of all the schools and colleges of Agra city from Nagar Nigam Agra. Further the researcher will randomly select the 10% schools and 20% colleges from the list and will run awareness campaign for all the available students. The minimum sample for awareness campaign will be 1200 students.

**3.4 Variables**: The independent variables of the study will be demographic characteristics (Name, Sex, Age, Marital Status, Total Family Members, Living with spouse or living alone in Substitute Family Care Centre, Educational Level, Source of Income, Name of Substitute Family Care

Centre & Duration of Living in Old Age Home) of participants and stress management activities and information provided by awareness campaign. The outcome variables will be stress, mental health, quality of life of elderly living in substitute family care centers and change in knowledge and attitude of school and college going students after participating in awareness campaign.

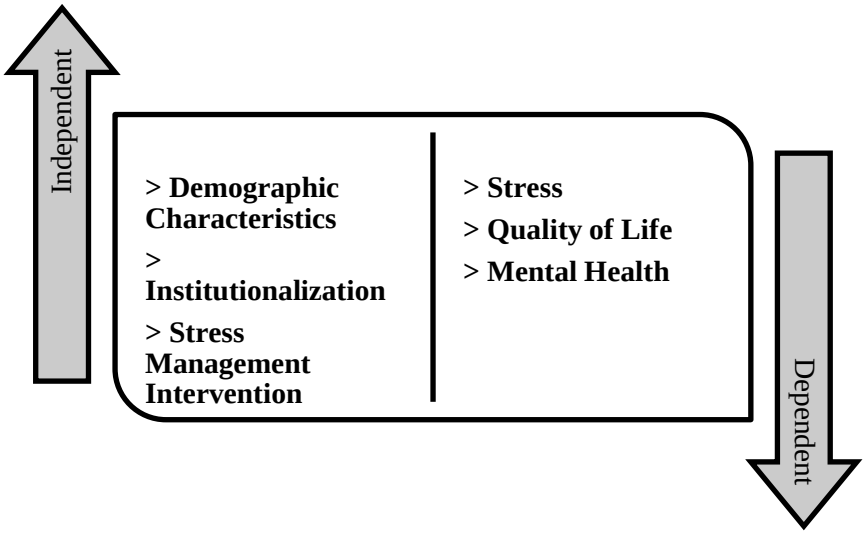


**Fig.4 Variables for the study**

**3.5 Phases of the study**: The present study will be conducted in 5 phases

**Fig. 5 Phases of study**

**3.5.1 Exploratory Phase**: The main aim of this phase will be the observation of selected substitute family care centers, rapport building and baseline data collection. The researcher will do the systematic observation of selected facilities and personal interaction with the subjects will be done for rapport building. The baseline data collection will be done in semi-structured setting with the help of schedules constructed for data collection.

**3.5.2 Pre-intervention Phase**: In this phase the researcher will test the feasibility of each activity with theselected group. The researcher will discuss each activity with the administration and will get approvals forthe same. In intervention trial, the researcher will conduct activities with the participants and will check the feasibility of the activities and time needed to conduct the activity. On the basis of trials, the final intervention modules will be prepared.

**3.5.3 Intervention Phase:** The intervention on stress management will be given to the participants of the study in this phase. Intervention will be done on both groups at different times. The researcher will conduct activities in small and large groups as per the requirement. Every week 6 sessions will be given to the participants. The duration of each session will be 3 hours in which the researcher will use different combinations of activities. The activities proposed for intervention phase are mentioned in the following table:

**Table 6: Activities proposed for intervention phase**

| | **Week 1** | **Week 2** | **Week 3** | **Week 4** |
|---|---|---|---|---|
| **1st Month** | Scrap book, Meditation and Music therapy | Laughter therapy, Wall hangings and Spiritual stories | Music therapy, Laughter therapy, Short-movie, Newspaper and Recycle Craft (Pen Stand) | Experience sharing, Puzzle games, Bhajan and Door mat (fabric), |
| **2nd Month** | Folk music, craft (Hand painting, Block printing) and Board games | Laughter therapy, paper mache and Music therapy, | Relaxing music, Pottery decoration, Laughter therapy, Movie (spiritual) and Wall Hanging (recycle) | Music (Bhajan), Ramayan chaupaies, Paper basket and Ball game |
| **3rd Month** | Music (old songs, Antakshari) and Photo frame making | Laughter therapy, spiritual songs, Games (drama) and Experience sharing | Music therapy, Role play games, Motivational speech and key chain (Recycle) | Relaxing music therapy, Art and craft (Wall hanging and paper craft (Rabbit making) |
| **M on** | Motivational movie, spiritual songs and | Laughter therapy, music (folk, bhajan) | Bhajan singing competition, motivation | Meditation, Paper Basket making and |

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|---|---|---|---|---|
| | coaster making (jute) | and Experience Sharing | short movie and craft (dot mandalas) | dance competition, |
| **5th Month** | Meditation, laughter therapy andVideo of spiritual places | Music Therapy, Old Movie, Sponge painting and Photo frames (newspaper recycling) | Card and Puzzle games, Music therapy, Laughter therapy and Ball game | Experience sharing, Musical chair game and Lemon balance game |
| **6th Month** | Spiritual show (Ramayan Episodes) andPot decoration | Activity of Participants choice, dance, Flower making and wall Painting (recycle) | Activity of Participants choice, Paper mache, Music therapy and Dance | Experience Sharing (Negative experiences during intervention), Ramayan chaupaies and Bhajan |

**Note**:

- All activities will be conducted in the supervision of staff and authority of old age home.
- Activities will be modified according to the ease of the participants.
- Activities, requiring more time and practice to learn are introduced more frequently than other activities.
- Exhibition cum sale of the products made by participants will be organized at time to time and profit will beshared with participants.

**Activities**

- **Laughter Therapy**
- **Music:** Music therapy, Spiritual Songs, Bhajan, Antakshari, Folk Music, Laughter therapy.
- **Art and Craft:** Wall Hanging, Door toran, coaster making, colouring (Photo frame), paper mache, paper basket, Sponge painting, key chain making, Newspaper recycling craft, pottery decoration, Envelope making.
- **Games:** Drama, Card and Puzzle games, Board games ( Ludo, Carrom board) Lemon balance game, Musical chair.
- Videos of spiritual places, Motivational stories, Motivational Movies, Short movies, Spiritual shows (Ramayan Episodes, chaupayi)
- **Door mat making**
- **Dance**

**3.5.4 Post-intervention Phase:** The post intervention phase will begin after the completion of

intervention. In this phase the researcher will withdraw from the activities. The post-intervention data collection will be done in this phase and the researcher will also indirectly observe the sustainability of activities in this period.

**3.5.5 Awareness Campaign**: The researcher will develop educational tools about the problems of elderly,the experiences of elderly after being abandoned by their respective families and approaches to help elderly in difficult circumstances to create awareness. Then the researcher will approach the randomly selected schools (10%, of total schools of Agra city) and colleges (20% of the total colleges of Agra city). The **Attitude towards Elders Scale** will be administered on the selected students studying in selected schools/colleges. The educational content will be shown to the students to generate sensitivity. The re- administration of the societal attitude towards elderly tool will be done to assess the change in the attitude of adolescents about elderly. The students will also be requested to share the educational content with their social media contact to disseminate the information at social media platform.

**3.6 Technique of Data Collection:** The data for the intervention phase of present study will be collected in semi- structured setting. Each participant will be interviewed personally by the researcher. Data for awareness campaign will be collected via survey method.

**3.7 Research Tools:** Adapted version of "**Perceived Stress Scale** (developed by Cohen et al.,1983)" standardized tool will be used to assess the prevalence and **'Attitude towards Elders Scale' (**Sunita Singh) will be used to assess the attitude of youth towards elderly. Some research tools to be administered in the present study will be self- constructed. Domains of the tools will be determined on the basis of objectives of the study. The reliability and validity of the tools will be ascertained by test- retest method and expert evaluation of the respective tools.

**Table 7: List of research tools**

| S. No | Tool | Domains | Nature of Tool | Administration |
|---|---|---|---|---|
| 1 | General Information Performa | • Socio-demographic Characteristics<br>• Socio-economic<br>• Characteristics | Schedule | • Exploratory Phase (for intervention group) |
| | | | Questionnaire | • Campaign Phase (for school and college going students) |

| | | | | |
|---|---|---|---|---|
| 2 | Mental Health Assessment Tool | • Quality of life<br>• Life satisfaction<br>• Wellbeing Mental Healthproblems | Schedule | • Exploratory Phase<br>• Intervention<br>• Mid-intervention<br>Post-intervention |
| 3 | Stress Assessment Tool for elderly living in Substitute Family Care Facilities | • Physical<br>• Mental Stress<br>• Social Stress<br>• Role Stress<br>• Work Stress | Schedule | • Exploratory Phase<br>• Intervention<br>• Mid-intervention<br>• Post-intervention |
| 4 | Perceived Stress Scale | • Physical<br>• Mental Stress<br>• Social Stress<br>• Role Stress<br>• Work Stress | Schedule | • Intervention (6 times in one month interval)<br>• Post-intervention<br>• (2 times in one monthinterval) |
| **5** | "Attitude towards Elders Scale" | • Role of elderly in family<br>• Role of elderly in society<br>• Problems of elderly in society<br>• Problems of elderly is substitute family care centers<br>• Approaches to help elderly | Questionnaire | • Campaign Phase |
| **6** | Informative and educational material for campaign | • School and college goingstudents (15-25 Years) | Videos, Print and digital media | • Post-intervention |

**3.6 Analysis of data:** The information on mental health, quality of life, stress in the elderly and change in the attitude of school and college going children will be presented and analyzed with the help of manifold statistical tools like percentage, arithmetic mean, standard deviation, correlation, student t- test and ANOVA. Further, analysis of data will be determined on the basis of the type and nature of data obtained.

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